

1. MUST ENTER NUMBER OF TOTAL EMPLOYEES [ ]	TAXABLE EMPLOYEES [ ]
2. TOTAL SALARIES, WAGES, COMMISSIONS AND OTHER COMPENSATION PAID	\$
3. LESS COMPENSATION PAID FOR SERVICES OUTSIDE OF FRANKFORT	
4. TAXABLE EARNINGS (ITEM 2 MINUS ITEM 3)	
5. ACTUAL TAX DUE IN QUARTER AT 1.75%	\$
6. ADJUSTMENTS (PRIOR QUARTERS)	
7. INTEREST – 1% PER MONTH OR PORTION OF MONTH UNTIL PAID	
8. <u>PENALTY</u> – 5% PER MONTH OR PORTION OF MONTH NOT TO EXCEED 25%, HOWEVER IT SHALL NOT BE LESS THAN \$25.00.	
9. TOTAL TAXES DUE INCLUDING INTEREST & PENALTY	

OFFICIAL/ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

TELEPHONE 502-875-8500  
FAX 502-875-8502

NAME \_\_\_\_\_  
&  
ADDRESS \_\_\_\_\_  
OF \_\_\_\_\_  
EMPLOYER \_\_\_\_\_

ACCOUNT NO.	FOR QUARTER ENDING	DUE ON / OR BEFORE

**Mail to: LICENSE FEE DIVISION  
MUNICIPAL BUILDING  
P O BOX 697  
FRANKFORT, KY 40602**

## INDIVIDUAL, SELF EMPLOYED OR EMPLOYER'S QUARTERLY WITHHOLDING LICENSE FEE RETURN

**NOTICE: THIS FORM MUST BE RETURNED WHETHER OR NOT YOU HAD EMPLOYEES DURING THIS QUARTER.**